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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/015,780
Filing Date	December 17, 2001
First Named Inventor	Peter Pal Boda
Group Art Unit	2684
Examiner Name	Tuan A. Tran
Attorney Docket Number	004770.00027

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Technology Center 2600

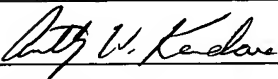
Total Number of Pages in This Submission

### ENCLOSURES (check all that apply)

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|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Response<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|---|--|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Anthony W. Kandare, Registration No. 48,830
Signature	
Date	April 21, 2004

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 90.00

Complete if Known

Application Number 10/015,780  
Filing Date December 17, 2001  
First Named Inventor Peter Pal Boda  
Examiner Name T. Tran  
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																															
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<b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$ 90.00)</b></td></tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$ 90.00)</b>	<b>3. ADDITIONAL FEES</b> (continued)																																																																																																																																																																																																																																																					
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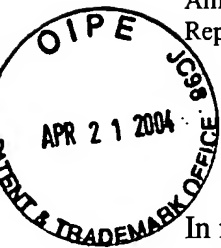
SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Anthony W. Kandare	Registration No. Attorney/Agent)	48,830	Telephone	202-824-3000
Signature	<i>Anthony W. Kandare</i>			Date	April 21, 2004

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Appln. No.: 10/015,780  
Amendment dated April 21, 2004  
Reply to Office Action of January 21, 2004



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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

#14/D  
TLR  
4/29/04

In re the Application of:

PETER PAL BODA et al.

Serial No.: 10/015,780

Filed: December 17, 2001

For: INITIATING A WIRELESS  
CONNECTION TO A BROADCAST  
PROGRAM

Atty. Docket No.: 004770.00027

Group Art Unit: 2682

Examiner: T. Tran

Confirmation No.: 4424

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APR 23 2004

Technology Center 2600

**RESPONSIVE AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed January 21, 2004, please amend the instant application as follows:

**Amendments to the Claims** are reflected in the Listing of Claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 12 of this paper.

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